CITY OF TALLAHASSEE

ADA/TITLE VI/NONDISCRIMINATION COMPLAINT FORM

Complainant’s name: ______________________________________________________________

Complainant’s address: __________________________________________________________________

City: _______________________________  State: _________________  Zip Code: ___________

Home telephone number: (____) ______________________________  Other telephone number: (____) ______________________________

Were you discriminated against because of (check all that apply):

[ ] Race  [ ] Color  [ ] National Origin  [ ] Sex  [ ] Age  [ ] Religion
[ ] Disability  [ ] Family Status  [ ] Marital Status  [ ] Sexual Orientation
[ ] Gender Identity  [ ] Other _______________________________

Date of alleged discriminatory incident: _________________________

City department where alleged incident occurred: _________________________________________

Name(s) of City employee(s) involved, if known:

____________________________________________  _____________________________________________________________________________________

Please explain as clearly as possible what happened and how you experienced discrimination or were denied access or accommodation. Indicate who was involved and include the names and contact information of any witnesses. If the incident took place on a StarMetro bus, please provide identifying information (bus number, route, direction you were traveling, etc.) if you are able to do so. Please attach additional sheets of paper if more space is needed.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Have you filed this complaint with any other federal, state, or local agency or with any federal or state court?

[ ] Yes     [ ] No

If yes, check all that apply: [ ] Federal agency   [ ] State agency   [ ] Local agency

[ ] Federal court   [ ] State court

Please provide information about the agency/court where the complaint was filed:

Agency/court name: ________________________________________________________________

Agency/court contact’s name: _______________________________________________________

Agency/court contact’s address: ____________________________________________________

City: ___________________________ State: __________ Zip Code: __________

Telephone number: (____) _______________________________

Please sign and date below. You may attach written materials, photographs, or other documentation that you believe is relevant to your complaint.

___________________________________________ ______________________________
Signature                                           Date

Please send this form to:

Kathleen Wright, ADA/Title VI Coordinator
City of Tallahassee
Office of Diversity & Inclusion
300 S. Adams Street, Box A-13
Tallahassee, Florida 32301
(850) 891-8266 (office)
(850) 661-3235 (work cell)
(850) 891-0833 (fax)
Kathleen.Wright@talgov.com